# N0600006630

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE DIVISION OF CORPORATION

- HIN 0 1 2000

# TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	s Townhomes Homeowner (PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)
nclosed is an original a	nd one(1) copy of the Arti	icles of Incorporation and a	a check for:
<b>2</b> \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Louanne S. Love, Esquire Name (P	rinted or typed)	-
	509 Paula Drive South	Address	-
	Dunedin, Florida 34698	State & Zip	_

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

(727)-733-0401

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

SECRETARY OF STATE DIVISION OF CORPORATION:

06 JUN 19 AM 9: 28

## ARTICLE I NAME

The name of the corporation shall be:

Belleair Bluffs Townhomes Homeowners Association, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

305 South MacDill Avenue Tampa, Florida 33609

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Maintence and Management of HOA owned Property and Administration of HOA rules and regulations.

# ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Majority vote

# ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Peter J. Bennett, President Louanne S. Love, Secretary Treasurer

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Louanne S. Love, Esquire 509 Paula Drive South Dunedin, Florida 34698

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Louanne S. Love, Esquire 509 Paula Drive South Dunedin, Florida 34698

Danioun, Florida 04000	
**************************************	*********
Having been named as registered agent to accept service of proc in this certificate, I am familiar with and accept the appointmen	ess for the above stated corporation at the place designated t as revistered agent and agree to act in this capacity.
Marsh	6-15-06
Signature/Registered Agent	Date
Jamin	6-15-06
Signature/Incorporator	Date